

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90015 034 ***150.00

DOCUMENT # P99000090743

1. Entity Name

CORAL GABLES FINANCIAL CENTER, INC.

Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE
 SUITE 404
 CORAL GABLES FL 33134

299 ALHAMBRA CIRCLE
 SUITE 404
 CORAL GABLES FL 33134-5114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0964978

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHOSRAVI, S. SHAWN
299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature based on printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/24/00

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHOSRAVI, S. SHAWN	NAME	
STREET ADDRESS	299 ALHAMBRA CIRCLE, SUITE 404	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	V. PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILARTE, ERASMO ANDRES	NAME	
STREET ADDRESS	524 FERNWOOD ROAD	STREET ADDRESS	1570 MADRUGA AVE. (#305)
CITY-ST-ZIP	KEY BISCAYNE FL 33149	CITY-ST-ZIP	CORAL GABLES, FLA. 33146
TITLE	D <input type="checkbox"/> Delete	TITLE	V. PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHOSRAVI, EZZATOLLAH	NAME	
STREET ADDRESS	10331 QUIT STREET	STREET ADDRESS	10331 QUITO STREET
CITY-ST-ZIP	COOPER CITY FL 33026	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	SECTRY/TREAS. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, KENT CHARLES	NAME	
STREET ADDRESS	504 NAVARRE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00

Date

(305) 461-0667

Daytime Phone #